


FILED
May 05, 2003 8:00 am
Secretary of State

04-07-2003 90133 044 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000013699			
1. Entity Name DEVELOPMENT CORPORATION OF PALM BEACH			
Principal Place of Business 3333 S. CONGRESS AVENUE DELRAY BEACH FL 33445		Mailing Address 3333 S. CONGRESS AVENUE DELRAY BEACH FL 33445	
2. Principal Place of Business Suite, Apt. #, etc. Suite 401		3. Mailing Address Suite, Apt. #, etc. Suite 401	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-1009442		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCARDINA, CHARLES 3333 S. CONGRESS AVENUE DELRAY BEACH FL 33445		7. Name and Address of New Registered Agent Name MITCHELL A. SHERMAN RA Street Address (P.O. Box Number is Not Acceptable) 1301 N. CONGRESS AV SUITE J10 City Boynton Beach FL Zip Code 33426	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Mitchell A. Sherman</i></u> DATE <u>4-25-03</u> <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCARDINA, CHARLES 3333 S. CONGRESS AVENUE DELRAY BEACH FL 33445 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP 3333 S. CONGRESS AV SUITE 401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u><i>SCARDINA</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>561245-3900</u> <small>Daytime Phone #</small>	

CR2E034 (10/02)